

MEDICAL RECORD

Procedure for Handling Accidental Exposure of an Employee to Patient's Blood or Other Potentially Infectious Materials

Some diseases may be transmitted by viruses in blood or other potentially infectious materials. Hepatitis (inflammation of the liver) may be caused by the hepatitis B virus (HBV), hepatitis C virus (HCV), or by non-A, non-B (NANB) viral agents. Another rare virus transmitted by blood is Human T-Cell Leukemia Virus Type 1 (HTLV-1), which has been associated with certain rare forms of leukemia and with a rare neurologic disorder. Another serious disease, Acquired Immunodeficiency Syndrome (AIDS) also is caused by a blood-borne virus called the human immunodeficiency virus (HIV). Occasionally these viruses may be present in some people's blood and body fluids for years without causing any symptoms to alert them that they are infected. However, these same viruses may cause a serious or even fatal disease in other people. Each of these viruses can be transmitted when susceptible individuals are exposed to contaminated blood or other potentially infectious materials as might occur when a hospital worker is accidentally injured with a bloody needle. When such an accidental blood exposure occurs, and the source of the blood is known to have one of these viruses, the employee may need to promptly receive vaccines, medications, and/or immune globulins to try to prevent an infection, and undergo long-term medical observation. However, if the source of the blood to which the employee was exposed is not infected with these viruses at the time of the injury, which is usually the case, then the employee will **not** need to undergo treatment and follow-up evaluation.

A hospital worker has been accidentally exposed to your blood or other potentially infectious materials. Your physician would like to test a small sample of your blood to see if you are infected with HBV, HCV, NANB, HTLV-1, or HIV. Approximately two tablespoonfuls (30 ml) of blood from your arm vein is needed for testing. The collection of blood specimens occasionally leaves a bruise at the needle site. A few people may feel some temporary faintness or lightheadedness. The blood sample will be analyzed for hepatitis B virus antigen, antibody to HCV, alanine aminotransferase (ALT) and aspartate aminotransferase (AST)—these enzymes that may indicate liver inflammation due to NANBH, antibody to HTLV-1, and antibody to HIV.

Your physician will notify you promptly of the test results and counsel you about the meaning of these tests. If you are infected with any of these viruses, your physician will help you obtain appropriate follow-up care. These viruses may be transmitted in several ways. If you are found to be infected with hepatitis B virus, hepatitis C virus, or HTLV-1, you will be responsible for notifying your sexual and/or needle-sharing partner(s), if appropriate, regarding the possibility of exposure to HBV/HCV/HTLV-1 and for encouraging the individual(s) to be tested as well. Your doctor will help you and the partner(s) you have identified obtain information about the meaning of these tests and how to prevent the spread of these infections.

If you are found to be infected with HIV, or if you are otherwise diagnosed as having AIDS, you should be aware of the following Clinical Center HIV Testing Policy:

1. Your physician and/or the Clinical Center HIV counselor will offer you, and any current and/or ongoing sexual partner(s) (spouses are generally considered to be current or ongoing sexual partners) or needle-sharing partner(s) you identify, information on the meaning of the test results and how to prevent the spread of HIV infection.
2. Because the virus may be transmitted in several ways, it is important that you inform sexual and/or needle-sharing partner(s) that any, or all, of them may have been exposed to the HIV virus and encourage them to be tested. If you request it, staff at the Clinical Center will assist you in notifying your partner(s) and arrange counseling for them through an HIV counselor.

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3. If you are unwilling or unable to notify your partner(s), the Clinical Center is responsible for attempting to contact and inform them of their possible exposure to HIV. Reasonable attempts will be made to protect your identity including withholding your name when notifying any partner(s) of their possible exposure. Some notification or counseling of current and/or ongoing partner(s) may be carried out through arrangements with, or referral to, local public health agencies.
4. For Clinical Center patients who are Maryland residents, the Clinical Center reports by "Patient Unique Identifier Number" (rather than by name) newly obtained HIV-positive results from its laboratory to the Maryland Department of Health and Mental Hygiene. Patient Unique Identifier Number is: last four digits of social security number, birth month, birth day, birth year, race and gender.
5. For Clinical Center patients who are Maryland residents, the Clinical Center reports by name new cases of AIDS to the Maryland Department of Health and Mental Hygiene.
6. For Clinical Center patients who are not Maryland residents, the Clinical Center reports HIV-positive results and/or AIDS to the patient's primary care/referring physician.
7. If you have any questions regarding the HIV testing, you are encouraged to discuss them with your physician and/or a Clinical Center HIV counselor (301-496-2381).

The results of all these tests and/or documentation of the diagnosis of AIDS will become part of your Clinical Center medical record and, as such, will be protected from unauthorized disclosure by the Federal Privacy Act of 1974. In general, access to your medical record will be restricted to those healthcare professionals directly involved in your care or in the conduct of ongoing biomedical research, and information is not usually released to other third parties without your permission or that of your designated representative, except as noted in section 3 above. However, results of these tests may be included in a summary of your care at the Clinical Center which will be sent directly to the doctor(s) who referred you for treatment here. The Clinical Center may report certain communicable diseases, such as HIV infection (see sections 4 through 6 above), to appropriate State and Federal government agencies.

If you choose to have your blood tested, this will benefit our management of the injured employee, and may be helpful to you in determining if you are infected with these viruses and possibly transmitting them to others. If you agree to have your blood tested for these blood-borne viruses, please sign below.

Complete Appropriate Item Below, A or B:**A. Adult Patient's Consent:**

I have read the explanation about the blood testing and have been given the opportunity to discuss it and to ask questions. I hereby consent to take part in this blood testing.

Signature of Adult Patient

Date

Signature of Witness

Date

B. Parent's Permission for Minor Patient:

I have read the explanation about the blood testing and have been given the opportunity to discuss it and to ask questions. I hereby give permission for my child to take part in this blood testing. If other than parent, specify relationship.

Signature of Parent(s)

Date

Signature of Witness

Date

Patient Identification

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